## L12000137530

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2022 JUN 24 PM 12: 3

## **COVER LETTER**

Registration Section

Division of Corporations

TO:

SUBJECT: KEMP INV	/ESTMENTS WEST LLC Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ALYSON KEMP	±		
		Name of Person		
		Firm/Company		
		Address		
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report not	iffication)	
For further information c	oncerning this matter, please c	all:		
ALYSON KEMP		at ( <u>407</u> ) <u>435-9442</u> Area Code Daytin		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee, l		The Centre of	Tallahassee be Street, Suite 810	
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2022 JUN 24 PM 12: 3.

KEMP INVESTMENTS WEST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia		
The fittee of the games of the time and the control of the control	ability Company were filed on <u>OCTO</u>	3ER 29, 2012 and assigned
Florida document number <u>L12000137530</u>	<del>.</del>	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ıble:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
K It amending the registered agent and/or re-		
		us, enter the name of the new registere
agent and/or the new registered office address  Name of New Registered Agent:		us, enter the name of the new registere
agent and/or the new registered office address		
agent and/or the new registered office address  Name of New Registered Agent:	Enter Florida si	reet address
agent and/or the new registered office address  Name of New Registered Agent:	Enter Florida si	
	Enter Florida si	reet address

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MATTHEW KEMP	14414 SALINGER RD, ORLANDO FL 32828	<b>=</b> Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			🗖 Add
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			□Change
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fective date, if other than the date of filing:  In effective date is listed, the date most be specific and cannot be prior to date of filing or more that:  If the date inserted in this block does not meet the applicable statutory filing requeument's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Pur juirements, this date will	suant to 605.020 not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	e earlier of: (b) The 90i	th day after the
sted US 22.  Signature of a member or authorized representative of a		
Signature of a member or authorized representative of a	member	

Filing Fee: \$25.00